

**WHOLESALE'S REPORT OF**  
**\* \* PAYMENT \* \***  
**BY DELINQUENT RETAIL LICENSEE**

TO THE CITY OF MILWAUKEE, CITY CLERK - LICENSE OFFICE

This is to certify that \_\_\_\_\_  
 (Name of retail licensee) (Individual, partnership, or corporation)

doing business at \_\_\_\_\_ Milwaukee, WI  
 (Address of premises)

has paid the following invoices which were previously reported to you as delinquent:

Invoice Number	Date	Amount	Invoice Number	Date	Amount
1. _____		\$ _____	6. _____		\$ _____
2. _____		\$ _____	7. _____		\$ _____
3. _____		\$ _____	8. _____		\$ _____
4. _____		\$ _____	9. _____		\$ _____
5. _____		\$ _____	10. _____		\$ _____

**INSTRUCTIONS TO WHOLESALE:** In order to avoid business loss to the retail licensee, this release must be delivered to the license office prior to the expiration of the current retailer's license.

\_\_\_\_\_  
 (Signature and title)

\_\_\_\_\_  
 (Name of Wholesaler)

\_\_\_\_\_  
 (Address and Phone Number of Wholesaler)

**City of Milwaukee, License Division,  
 200 E. Wells Street, Room 105  
 Milwaukee, WI 53202  
 414-286-2238  
[license@milwaukee.gov](mailto:license@milwaukee.gov)  
[www.milwaukee.gov/license](http://www.milwaukee.gov/license)**